



Your Agency Letterhead

TO: Name, Title, Employee ID

FROM: Agency Appointing Authority (**AA signs here**)

DATE:

SUBJECT: Dismissal

This memorandum serves as official notice of your dismissal from the **(Department or Agency Name)** effective **(Actual DATE)**. This includes a ten (10) calendar day paid notice.

You will be paid for the workdays that fall within the (10) calendar day notice period, but will not report to work during this time. In addition, you will receive a lump sum payment for any annual or compensatory leave to your credit.

My decision to dismiss you is based on **(Provide Applicable Section(s) of Tennessee Code Annotated, Rules of the Department of Human Resources, and/or any Internal Agency Rules or Policies which serve as a basis for the discipline)**.

(Detail the Times, Places, and other Pertinent Facts concerning the Performance or Conduct Issues. Include Applicable Training Provided, Supervisory Counseling, Performance Reviews, other Discipline Related to this Issue).

(If HAND-DELIVERED, Include the following) You are required to return your State-issued property, E.G., keys, cell phone, State-issued Identification Badge/Card and other property belonging to the State government to **(Human Resources Officer or Other Appropriate Supervisor)** before you leave the office today.

(If sent CERTIFIED MAIL, Include the following) Return Receipt Requested - You are required to return your State-issued property, E.G., keys, cell phone, State-issued Identification Badge/Card and other property belonging to the State government. Please contact **(Human Resources Officer or Other Appropriate Supervisor)** to arrange return of any State property and to pick up your personal items.

As a preferred service employee, you may appeal this decision by filing a written complaint within fourteen (14) calendar days to **(The Agency Appointing Authority or Designee)**. Should you decide to file an appeal, you may obtain a Step I Appeal form from **(Indicate how they can locate the form)**. The Step I Appeal form (or your written complaint) should be sent as set out below:



- E-mailed to:
- Mailed to:
- Faxed to:

You may direct questions regarding the appeal procedures to **(Agency HR Director or Agency Employee Relations Officer)** at **(Telephone Number)**. You may find additional information regarding the appeal procedure in the Rules of the Department of Human Resources, Chapter 1120-11.

I verify by my signature below that I have received a copy of this memorandum.

Employee Signature

Date

CC:

Notes:

A notice of termination shall include the reason for the termination in clear and concise language and shall state the facts that led to the termination

Hand Delivered or Certified Mail – Return to Receipt Requested*

***Written communication to the employee shall be considered received upon actual receipt as indicated by signature if hand delivered OR Three (3) days after a decision is sent via certified mail, return receipt requested the employee's legal residence.**